

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-1-03.

I. DISPUTE

Whether there should be reimbursement for CPT Code 90801.

II. FINDINGS

The respondent denied reimbursement based upon “L – Not TD Approved Treatment; and F – Fee Guideline MAR reduction.”

III. RATIONALE

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|---------|-------------------|---------|---------|-----------------|--|---------------|---|
| 2-17-03 | 90801 (60 min) | \$00.00 | \$50.00 | F, L | \$3.00 / min | Rule 133.3(b) | <p>On 2-6-03, ___ wrote that “if ___ concurs with my recommendations, I will refer ___ to ___, Ph.D. for a PPA and mental health evaluation.</p> <p>The 2-17-03, Mental Health Evaluation indicates that claimant was referred by ___.</p> <p>The submitted dispute did not contain a referral from treating doctor for mental health evaluation; therefore, no reimbursement is recommended.</p> |

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 970801.

The above Findings and Decision are hereby issued this 18th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division